

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: Housing and Redevelopment Authority of Luverne
216 N Mckenzie St
Luverne MN 56156

PHA Number: MN048

PHA Fiscal Year Beginning: (mm/yyyy) 04/2002

PHA Plan Contact Information:

Name: Mary Guhin, Executive Director
Phone: (507) 283-4922
TDD: (507) 283-4922
Email (if available): marybmt@dtgnet.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered:

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan
Fiscal Year 2002
 [24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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| <input checked="" type="checkbox"/> Attachment <u>mn048b01</u> : Capital Fund Program Annual Statement | |
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| <input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement | |
| <input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan | |
| <input checked="" type="checkbox"/> Attachment <u>mn048d01</u> : Resident Membership on PHA Board or Governing Body | |
| <input checked="" type="checkbox"/> Attachment <u>mn048e01</u> : Membership of Resident Advisory Board or Boards | |
| <input type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) | |
| <input checked="" type="checkbox"/> Other (List below, providing each attachment name) | |
| mn048f01 – 2001 Capital Fund Progress Report | |
| mn048h01 – Voluntary Conversion Initial Assessment | |

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

This Section is left blank since it is optional.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

NONE

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 99,835

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment mn048c01

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment mn048b01

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

| Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities) | |
|--|--|
| 1a. Development name: | |
| 1b. Development (project) number: | |
| 2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/> | |
| 3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/> | |
| 4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u> | |
| 5. Number of units affected: | |
| 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development | |
| 7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below) | |
| 8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity: | |

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
☐ Yes ☐ No: below or
☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) State of Minnesota
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
 - ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The State of Minnesota Consolidated Plan endorses the continuing objectives of national housing policy in the National Affordable Housing Act of 1990, including: ensure that all residents have access to decent shelter; increase the supply of affordable housing; make neighborhoods safe and livable; expand opportunities for homeownership; provide a reliable supply of mortgage finance; and reduce generational poverty in assisted housing.

Unfortunately, the State of Minnesota Consolidated Plan is not specific as to Luverne. The Housing and Redevelopment Authority of Luverne anticipates no State CDBG funds. The State will work with us on an "as needed" basis.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

A substantial deviation from the 5-year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.

B. Significant Amendment or Modification to the Annual Plan:

Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.

Additional Component Added After Template Development:

Component 3, (6) Deconcentration and Income Mixing

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☒ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

| Deconcentration Policy for Covered Developments | | | |
|---|-----------------|---|--|
| Development Name: | Number of Units | Explanation (if any) [see step 4 at §903.2(c)(1)(iv)] | Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)] |
| | | | |

Required Attachment mn048d01: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

Viola Wolthuizen

B. How was the resident board member selected: (select one)?

- ☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): 5 years, 08/2006

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member: 08/2002

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Glen Gust, Mayor of the City of Luverne

Attachment mn048b01**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

| | | | | | | | | | | | |
|--|---|--|----------------|---|-----------------|--|--|--|--|--|--|
| PHA Name: THE HOUSING AND REDEVELOPMENT AUTHORITY OF LUVERNE | | Grant Type and Number Capital Fund Program: MN046P04850102 Capital Fund Program Replacement Housing Factor Grant No: | | Federal FY of Grant: FFY 2002 | | | | | | | |
| <input checked="" type="checkbox"/> Original Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | | | | | <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Lin e No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | | | | | | | |
| | | Original | Revised | Obligated | Expended | | | | | | |
| 1 | Total non-CFP Funds | | | | | | | | | | |
| 2 | 1406 Operations | | | | | | | | | | |
| 3 | 1408 Management Improvements | | | | | | | | | | |
| 4 | 1410 Administration | 4,992 | | | | | | | | | |
| 5 | 1411 Audit | | | | | | | | | | |
| 6 | 1415 liquidated Damages | | | | | | | | | | |
| 7 | 1430 Fees and Costs | 10,000 | | | | | | | | | |
| 8 | 1440 Site Acquisition | | | | | | | | | | |
| 9 | 1450 Site Improvement | 1,000 | | | | | | | | | |
| 10 | 1460 Dwelling Structures | 83,843 | | | | | | | | | |
| 11 | 1465.1 Dwelling Equipment— Nonexpendable | | | | | | | | | | |
| 12 | 1470 Nondwelling Structures | | | | | | | | | | |
| 13 | 1475 Nondwelling Equipment | | | | | | | | | | |
| 14 | 1485 Demolition | | | | | | | | | | |
| 15 | 1490 Replacement Reserve | | | | | | | | | | |

Attachment mn048b01**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

| | | | |
|--|--|---|--------------------------|
| PHA Name: THE HOUSING AND REDEVELOPMENT AUTHORITY OF LUVERNE | Grant Type and Number Capital Fund Program: MN046P04850102 Capital Fund Program Replacement Housing Factor Grant No: | Federal FY of Grant: FFY 2002 | |
| <input checked="checked" type="checkbox"/> Original Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | | |
| <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Lin e No. | Summary by Development Account | Total Estimated Cost | Total Actual Cost |
| 16 | 1492 Moving to Work Demonstration | | |
| 17 | 1495.1 Relocation Costs | | |
| 18 | 1498 Mod Used for Development | | |
| 19 | 1502 Contingency | | |
| 20 | Amount of Annual Grant: (sum of lines 2-19) | 99,835 | |
| 21 | Amount of line 20 Related to LBP Activities | | |
| 22 | Amount of line 20 Related to Section 504 Compliance | | |
| 23 | Amount of line 20 Related to Security | | |
| 24 | Amount of line 20 Related to Energy Conservation Measures | | |

Attachment mn048b01**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

| PHA Name: THE HOUSING AND REDEVELOPMENT AUTHORITY OF LIVERNE | | Grant Type and Number Capital Fund Program #: MN046P04850102 Capital Fund Program Replacement Housing Factor #: | | | | Federal FY of Grant: 2002 | | |
|--|---|--|----------|----------------------|---------|---------------------------|-------------------|-------------------------------|
| Development Number Name/HA- Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Proposed Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | | | | | | | | |
| HA Wide | Administration | 1410 | | 4,992 | | | | |
| HA Wide | Fees & Costs – A&E Fees | 1430 | | 10,000 | | | | |
| HA Wide | Site Improvement – Sidewalk Repair | 1450 | | 1,000 | | | | |
| HA Wide | Dwelling Structures – Remodel Apartments | 1460 | | 83,843 | | | | |

Part III: Implementation Schedule

[illegible]

Capital Fund Program Five-Year Action Plan

Part I: Summary

| | | | | | |
|--|--------|---|---|---|---|
| PHA Name THE HOUSING AND REDEVELOPMENT AUTHORITY OF LUVERNE | | | | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: | |
| Development Number/Name/HA-Wide | Year 1 | Work Statement for Year 2 FFY Grant: 2003 PHA FY: 04/2003 | Work Statement for Year 3 FFY Grant: 2004 PHA FY: 04/2004 | Work Statement for Year 4 FFY Grant: 2005 PHA FY: 04/2005 | Work Statement for Year 5 FFY Grant: 2006 PHA FY: 04/2006 |
| HA Wide / MN048001 | | 99,835 | 99,835 | 99,835 | 99,835 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total CFP Funds (Est.) | | 99,835 | 99,835 | 99,835 | 99,835 |
| | | | | | |
| Total Replacement Housing Factor Funds | | | | | |

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

| Activities for Year 1 | Activities for Year : <u>2</u> FFY Grant: 2003 PHA FY: 2003 | | | Activities for Year: <u>3</u> FFY Grant: 2004 PHA FY: 2004 | | |
|---------------------------------|---|---------------------------------------|-----------------------|--|-----------------------------------|-----------------------|
| | Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| See | HA Wide / MN048001 | Administrations | 4,992 | HA Wide / MN048001 | Administrations | 4,992 |
| Annual | | A&E Fees | 10,000 | | A&E Fees | 10,000 |
| Statement | | Remodel Units | 43,843 | | Remodel Units | 38,243 |
| | | Sidewalk Repair | 1,000 | | Sidewalk Repair | 1,000 |
| | | Replace Skylight & Exterior repair | 40,000 | | Replace Exterior Doors & Locks | 45,600 |
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| | | | | | | |
| Total CFP Estimated Cost | | | \$99,835 | | | \$99,835 |

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities

| Activities for Year : __4__ FFY Grant: 2005 PHA FY: 2005 | | | Activities for Year: __5_ FFY Grant: 2006 PHA FY: 2006 | | |
|--|------------------------------|----------------|--|-----------------------|----------------|
| Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| HA Wide / MN048001 | Administrations | 4,992 | HA Wide / MN048001 | Administrations | 4,992 |
| | A&E Fees | 10,000 | | A&E Fees | 10,000 |
| | Remodel Units | 40,000 | | Remodel Units | 83,843 |
| | Sidewalk Repair | 1,000 | | Sidewalk Repair | 1,000 |
| | Trash Compactors | 33,843 | | | |
| | Recarpet Public/Common Areas | 10,000 | | | |
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| | | | | | |
| Total CFP Estimated Cost | | \$99,835 | | | \$99,835 |

Attachment A mn048a01:

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| List of Supporting Documents Available for Review | | |
|--|---|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| X | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans |
| X | State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update) | 5 Year and Annual Plans |
| | | |
| X | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement. | 5 Year and Annual Plans |
| X | Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan: Housing Needs |
| X | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources |
| X | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Eligibility, Selection, and Admissions Policies |
| | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |

| List of Supporting Documents Available for Review | | |
|--|---|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| X | Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| X | Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| | Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination |
| X | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation) | Annual Plan: Operations and Maintenance |
| X | Results of latest binding Public Housing Assessment System (PHAS) Assessment | Annual Plan: Management and Operations |
| X | Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) | Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency |
| | Results of latest Section 8 Management Assessment System (SEMAP) | Annual Plan: Management and Operations |
| | Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Operations and Maintenance |
| X | Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Grievance Procedures |
| | Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Grievance Procedures |
| X | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year | Annual Plan: Capital Needs |
| X | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants | Annual Plan: Capital Needs |
| | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing | Annual Plan: Capital Needs |

| List of Supporting Documents Available for Review | | |
|--|--|---|
| Applicable & On Display | Supporting Document | Related Plan Component |
| | Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA). | Annual Plan: Capital Needs |
| | Approved or submitted applications for demolition and/or disposition of public housing | Annual Plan: Demolition and Disposition |
| | Approved or submitted applications for designation of public housing (Designated Housing Plans) | Annual Plan: Designation of Public Housing |
| | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937 | Annual Plan: Conversion of Public Housing |
| | Approved or submitted public housing homeownership programs/plans | Annual Plan: Homeownership |
| | Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan) | Annual Plan: Homeownership |
| | Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies | Annual Plan: Community Service & Self-Sufficiency |
| | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: Community Service & Self-Sufficiency |
| | Section 3 documentation required by 24 CFR Part 135, Subpart E | Annual Plan: Community Service & Self-Sufficiency |
| | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency |
| | The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report | Annual Plan: Safety and Crime Prevention |

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| | PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. | Annual Plan: Safety and Crime Prevention |
| X | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Pet Policy |
| X | The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit |
| | Troubled PHAs: MOA/Recovery Plan | Troubled PHAs |
| | Other supporting documents (optional) (list individually; use as many lines as necessary) | (specify as needed) |

Required Attachment mn048e01: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The Housing & Redevelopment Authority of Luverne does not have a resident advisory board at the time this plan was prepared. The residents of the authority do not wish to participate in a formal manner in the preparation of this plan and they do not wish to form a resident advisory board. The Authority does encourage involvement of the residents by communicating to the residents the opportunity to form a resident advisory board by personal contacts and by posting notices. Furthermore, the Authority is going to have the residents sign a notification form at the time they move in and at each annual re-examination that they have been notified of the opportunity to form a resident advisory board.

Attachment mn048f01**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

| PHA Name: THE HOUSING AND REDEVELOPMENT AUTHORITY OF LUVERNE | | Grant Type and Number Capital Fund Program: MN046P04850101 Capital Fund Program Replacement Housing Factor Grant No: | | Federal FY of Grant: FFY 2001 | |
|--|---|--|---------|---|----------|
| <input type="checkbox"/> Original Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2001 <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | 4,992 | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 10,000 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 1,000 | | | |
| 10 | 1460 Dwelling Structures | 83,843 | | | |
| 11 | 1465.1 Dwelling Equipment— Nonexpendable | | | | |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |

Attachment mn048f01**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

| | | | |
|--|--|---|--------------------------|
| PHA Name: THE HOUSING AND REDEVELOPMENT AUTHORITY OF LUVERNE | Grant Type and Number Capital Fund Program: MN046P04850101 Capital Fund Program Replacement Housing Factor Grant No: | Federal FY of Grant: FFY 2001 | |
| <input type="checkbox"/> Original Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2001 | | | |
| <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | Total Actual Cost |
| 16 | 1492 Moving to Work Demonstration | | |
| 17 | 1495.1 Relocation Costs | | |
| 18 | 1498 Mod Used for Development | | |
| 19 | 1502 Contingency | | |
| 20 | Amount of Annual Grant: (sum of lines 2-19) | 99,835 | |
| 21 | Amount of line 20 Related to LBP Activities | | |
| 22 | Amount of line 20 Related to Section 504 Compliance | | |
| 23 | Amount of line 20 Related to Security | | |
| 24 | Amount of line 20 Related to Energy Conservation Measures | | |

Attachment mn048f01**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

| PHA Name: THE HOUSING AND REDEVELOPMENT AUTHORITY OF LIVERNE | | Grant Type and Number Capital Fund Program #: MN046P04850101 Capital Fund Program Replacement Housing Factor #: | | | | Federal FY of Grant: 2001 | | |
|--|---|--|----------|----------------------|---------|---------------------------|-------------------|-------------------------------|
| Development Number Name/HA- Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Proposed Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | | | | | | | | |
| HA Wide | Fees & Costs – A&E Fees for Asbestos Removal | 1410 | | 4,992 | | | | |
| HA Wide | Fees & Costs – A&E Fees for Asbestos Removal | 1430 | | 10,000 | | | | |
| HA Wide | Site Improvement – Sidewalk Repair | 1450 | | 1,000 | | | | |
| HA Wide | Dwelling Structures – Convert Units to Handicapped | 1460 | | 83,843 | | | | |

Part III: Implementation Schedule

4

Required Attachment mn048g01: Component 10 (B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments?

ONE

- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

NONE

- c. How many Assessments were conducted for the PHA's covered developments?

ONE

- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

| Development Name | Number of Units |
|------------------|-----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: